Union Calendar No.

114TH CONGRESS 2D SESSION

H. R. 4586

[Report No. 114-]

To amend the Public Health Service Act to authorize grants to States for developing standing orders and educating health care professionals regarding the dispensing of opioid overdose reversal medication without person-specific prescriptions, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

February 23, 2016

Mr. DOLD (for himself and Ms. CLARK of Massachusetts) introduced the following bill; which was referred to the Committee on Energy and Commerce

May --, 2016

Reported with an amendment, committed to the Committee of the Whole House on the State of the Union, and ordered to be printed

[Strike out all after the enacting clause and insert the part printed in italic]

[For text of introduced bill, see copy of bill as introduced on February 23, 2016]

A BILL

To amend the Public Health Service Act to authorize grants to States for developing standing orders and educating health care professionals regarding the dispensing of opioid overdose reversal medication without person-specific prescriptions, and for other purposes.

1	Be it enacted by the Senate and House of Representa-
2	tives of the United States of America in Congress assembled,
3	SECTION 1. SHORT TITLE.
4	This Act may be cited as "Lali's Law".
5	SEC. 2. OPIOID OVERDOSE REVERSAL MEDICATION ACCESS
6	AND EDUCATION GRANT PROGRAMS.
7	(a) Technical Clarification.—Effective as if in-
8	cluded in the enactment of the Children's Health Act of
9	2000 (Public Law 106–310), section 3405(a) of such Act
10	(114 Stat. 1221) is amended by striking "Part E of title
11	III" and inserting "Part E of title III of the Public Health
12	Service Act".
13	(b) Amendment.—Title III of the Public Health Serv-
14	ice Act is amended by inserting after part D of such title
15	(42 U.S.C. 254b et seq.) the following new part E:
16	"PART E—OPIOID USE DISORDER
17	"SEC. 341. OPIOID OVERDOSE REVERSAL MEDICATION AC-
18	CESS AND EDUCATION GRANT PROGRAMS.
19	"(a) Grants to States.—The Secretary may make
20	grants to States for—
21	"(1) developing standing orders for pharmacies
22	regarding opioid overdose reversal medication;
23	"(2) encouraging pharmacies to dispense opioid
24	overdose reversal medication pursuant to a standing
25	order;

1	"(3) implementing best practices for persons au-
2	thorized to prescribe medication regarding—
3	"(A) prescribing opioids for the treatment of
4	chronic pain;
5	"(B) co-prescribing opioid overdose reversal
6	medication with opioids; and
7	"(C) discussing the purpose and adminis-
8	tration of opioid overdose reversal medication
9	with patients;
10	"(4) developing or adapting training materials
11	and methods for persons authorized to prescribe or
12	dispense medication to use in educating the public re-
13	garding—
14	"(A) when and how to administer opioid
15	overdose reversal medication; and
16	"(B) steps to be taken after administering
17	opioid overdose reversal medication; and
18	"(5) educating the public regarding—
19	"(A) the public health benefits of opioid
20	overdose reversal medication; and
21	"(B) the availability of opioid overdose re-
22	versal medication without a person-specific pre-
23	scription.
24	"(b) Certain Requirement.—A grant may be made
25	under this section only if the State involved has authorized

1	standing orders regarding opioid overdose reversal medica-
2	tion.
3	"(c) Preference in Making Grants.—In making
4	grants under this section, the Secretary shall give preference
5	to States that—
6	"(1) have not issued standing orders regarding
7	opioid overdose reversal medication;
8	"(2) authorize standing orders that permit com-
9	munity-based organizations, substance abuse pro-
10	grams, or other nonprofit entities to acquire, dispense,
11	or administer opioid overdose reversal medication;
12	"(3) authorize standing orders that permit po-
13	lice, fire, or emergency medical services agencies to
14	acquire and administer opioid overdose reversal medi-
15	cation;
16	"(4) have a higher per capita rate of opioid
17	overdoses than other applicant States; or
18	"(5) meet any other criteria deemed appropriate
19	by the Secretary.
20	"(d) Grant Terms.—
21	"(1) NUMBER.—A State may not receive more
22	than 1 grant under this section.
23	"(2) Period.—A grant under this section shall
24	be for a period of 3 years.

1	"(3) Amount.—A grant under this section may
2	not exceed \$500,000.
3	"(4) Limitation.—A State may use not more
4	than 20 percent of a grant under this section for edu-
5	cating the public pursuant to subsection $(a)(5)$.
6	"(e) Applications.—To be eligible to receive a grant
7	under this section, a State shall submit an application to
8	the Secretary in such form and manner and containing
9	such information as the Secretary may require, including
10	detailed proposed expenditures of grant funds.
11	"(f) Reporting.—Not later than 3 months after the
12	Secretary disburses the first grant payment to any State
13	under this section and every 6 months thereafter for 3 years,
14	such State shall submit a report to the Secretary that in-
15	cludes the following:
16	"(1) The name and ZIP Code of each pharmacy
17	in the State that dispenses opioid overdose reversal
18	medication under a standing order.
19	"(2) The total number of opioid overdose reversal
20	medication doses dispensed by each such pharmacy,
21	specifying how many were dispensed with or without
22	a person-specific prescription.
23	"(3) The number of pharmacists in the State
24	who have participated in training pursuant to sub-
25	section $(a)(4)$.

1	"(g) Definitions.—In this section:
2	"(1) Opioid overdose reversal medica-
3	TION.—The term 'opioid overdose reversal medication'
4	means any drug, including naloxone, that—
5	"(A) blocks opioids from attaching to, but
6	does not itself activate, opioid receptors; or
7	"(B) inhibits the effects of opioids on opioid
8	receptors.
9	"(2) Standing order.—The term 'standing
10	order' means a document prepared by a person au-
11	thorized to prescribe medication that permits another
12	person to acquire, dispense, or administer medication
13	without a person-specific prescription.
14	"(h) Authorization of Appropriations.—
15	"(1) In general.—To carry out this section,
16	there is authorized to be appropriated \$5,000,000 for
17	the period of fiscal years 2017 through 2019.
18	"(2) Administrative costs.—Not more than 3
19	percent of the amounts made available to carry out
20	this section may be used by the Secretary for admin-
21	istrative expenses of carrying out this section.".
22	SEC. 3. CUT-GO COMPLIANCE.
23	Subsection (f) of section 319D of the Public Health
24	Service Act (42 U.S.C. 247d-4) is amended by inserting
25	before the period at the end the following: "(except such dol-

- 1 lar amount shall be reduced by \$5,000,000 for fiscal year
- 2 2017)".